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0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number C 2714 PCT/US																																																								
<h2 style="margin: 0;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <p style="margin-top: 20px;"> <input type="checkbox"/> Declaration Submitted with Initial Filing           OR           <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing         </p>		First Named Inventor Ludwig SCHIEFERSTEIN																																																								
		COMPLETE IF KNOWN																																																								
		Application Number 10/527,244																																																								
		Filing Date March 9, 2005																																																								
		Group Art Unit 1751																																																								
		Examiner Name Amina S. Khan																																																								
<p>As a below named inventor, I hereby declare that:          My residence, post office address, and citizenship are as stated below next to my name.          I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> <b>AQUEOUS DISPERSIONS FOR HYDROPHOBICALLY FINISHING FIBRES AND FLAT TEXTILE MATERIALS</b> </div> <p style="text-align: center; font-size: small;">(Title of the Invention)</p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto</p> <p style="text-align: center;">OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 0 20px;">09/05/2003</span> as United States Application Number or PCT International Application Number <span style="border: 1px solid black; padding: 0 20px;">PCT/EP2003/009854</span> and was amended on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 0 20px;"></span> (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Prior Foreign Application Number(s)</th> <th style="width: 20%;">Country</th> <th style="width: 20%;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="width: 10%;">Priority Not Claimed</th> <th colspan="2" style="width: 30%;">Certified Copy Attached?</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:</p> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Application Number(s)</th> <th style="width: 30%;">Filing Date (MM/DD/YYYY)</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.           </td> </tr> </tbody> </table>					Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						YES	NO				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)				<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
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**Burden Hour Statement:** This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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C 2714 PCT/US

**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2003/009854	09/05/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City	State	Zip			
Country	Telephone	Fax			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	<b>Ludwig</b>	Middle Initial		Family Name	<b>SCHIEFERSTEIN</b>
Inventor's Signature	<i>Ludwig Schieferstein</i>			Date	<b>3.4.06</b>
Residence: City	<b>Ratingen</b>	State		Country	<b>Germany</b>
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City	<b>40882 Ratingen</b>	State		Country	<b>Germany</b>
		Zip		Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					



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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Ludwig			Middle Initial		Family Name	BOENNIGER			Suffix e.g. Jr.			
Inventor's Signature	<i>L. Boenniger</i>						Date	03.04.06					
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Post Office Address													
City	47906 Kempen			State		Zip		Country	Germany			Applicant Authority	
Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Joachim			Middle Initial		Family Name	CONRADI			Suffix e.g. Jr.			
Inventor's Signature							Date						
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Post Office Address													
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Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Manfred			Middle Initial		Family Name	GORZINSKI			Suffix e.g. Jr.			
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Name of Additional Joint Inventor, if any:								<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Bernd			Middle Initial		Family Name	WAHLE			Suffix e.g. Jr.			
Inventor's Signature							Date						
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Post Office Address													
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Given Name	Bernd			Middle Initial		Family Name	WAHLE			Suffix e.g. Jr.			
Inventor's Signature	<i>Bernd Walle</i>						Date	13.04.06					
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Given Name	Clemens			Middle Initial			Family Name	TUENTE			Suffix e.g. Jr.									
Inventor's Signature							Date	04.04.06												
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Post Office Address																				
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